



# Warwickshire Association

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## Youth Clubs

Registered Charity No 1056035 Company Limited By Guarantee No 3201917

President: Martin Dunne J.P. L.L

### 'INSPIRED FOR SUMMER 2008' MEDICAL / PARENTAL / GUARDIAN CONSENT

This consent form is to be completed only by parents / guardians for under 18s participants

Name: ..... Home Address: .....

.....

..... Postcode: .....

Mobile Phone Number..... Email: .....

Age: ..... Date of Birth: ... / ... / ..... Please circle gender: Male/ Female

Participation in: 'INSPIRED FOR SUMMER 2008' SUMMER ACTIVITY WEEKS FROM MONDAY 28<sup>th</sup> July – FRIDAY 8<sup>th</sup> August 2008 DAILY.

**We require two people to be emergency contacts please provide additional details:**

Name of additional emergency contact 1: .....

Relationship to you .....

Mobile Telephone No. for emergency contact: .....

Other telephone number for emergency contact: .....

Name of additional emergency contact 2: .....

Relationship to you .....

Mobile Telephone No. for emergency contact: .....

Other telephone number for emergency contact: .....

Name of Doctor: .....

Address of surgery: .....

Doctors telephone number: .....

Is he/she allergic to anything? (E.g. aspirin, antibiotics, any particular food or drug? If so, give details)

.....

Does he/she suffer from any of the following: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes or any other illness or disability? If so, please give details: .....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines. Please state details of any medication: .....

Date of anti-tetanus injection (if known): .....

Does the young person have any physical or learning disability? Please give details of any special attention required: .....

Are there any activities he/she should not participate in?

.....

Can the young person participate in activities associated with water, for example canoeing or rafting? .....

Is there any other information about him/her that staff should be aware: .....

**Ethnicity of young person**

Asian  Bangladeshi  Black African  Black Caribbean   
Black Other  Chinese  Indian  Pakistani   
White  Other

If you would like to communicate confidential information, please contact the INSPIRE Co-ordinator, Kieran McGerty on 01926 450156

We will have ground rules that are agreed at the first session with the young people. We also have a selection of methods for encouraging young people to stick to these e.g. one to one chats, time out, group discussions etc. We reserve the right to ask a young person to leave if their behaviour threatens the enjoyment of others within the group. We therefore need a telephone contact number for each young person under the age of 18 years old attending the summer scheme so that they can be collected before the end of the day if the necessity arises.

Contact Name: .....Telephone No: .....

**Consent & Emergency Permission:**

I wish ..... (INSERT NAME OF YOUNG PERSON IN BLOCK CAPITALS PLEASE) to be allowed to take part in the activities provided by Warwickshire Association of Youth Clubs through their 'INSPIRED FOR SUMMER 2008' activity scheme and I have read the information provided and agree to his/her participation in the activities outlined in the publicity material.

I understand that at times the sun may lead to burns unless the suitable sun tan lotion is applied at regular intervals. Please provide sun-tan lotion for your young person. WAYC staff will actively encourage (when appropriate to do so) your son/ daughter to apply such lotion. WAYC will supply sun tan lotion in the event where a young person arrives without any.

I understand that, while the staff in charge of the group will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by him/her arising during the activity week.

I understand that there will be periods of unsupervised time when he/she will be with other young people in the group without the presence of an adult.

I understand that workers during the course of the week may photograph him/her and that these pictures may be reproduced, stored and used for the Association's Publicity and Marketing (newsletter, press releases, web-site, annual report etc).

If at any time your child/children suffers from insect bites/stings, where necessary insect repellent or after bite preparations/cream will be applied accordingly unless otherwise instructed.

I ..... (INSERT YOUR NAME IN BLOCK CAPITALS PLEASE) agree that if an emergency were to arise, I give consent to the medical examination of ..... (INSERT NAME OF YOUNG PERSON IN BLOCK CAPITALS PLEASE) when necessary whilst he/she is participating in the activities and I request that any operation or other measures considered necessary, by a medical authority for his/her diagnosis and treatment shall be performed and I hereby give my permission for such operation or other measures to be carried out in an emergency only and for the administration of a general or local anaesthetic if necessary.

Signature: ..... Date: .....

**Data Protection Act 1998**

Personal data collected on this form will only be used by workers in the event of an emergency, and may also be used in a statistical format in order to enable the Association to respond to prescribed criteria set by those agencies that have funded the summer opportunity.

Information collected here will be treated in strict confidence and will not be disclosed to any external sources without your express written consent.